



12 SEPTEMBER 2003

Personnel

ABSENCE AND LEAVE

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

NOTICE: This publication is available digitally on the AFDPO WWW site at:
<http://www.e-publishing.af.mil>

OPR: 436 MSS/DPCE (Margie MacLeish)
Supersedes AFR40-630, DAFBS1,
28 February 1989

Certified by: 436 MSS/CC (Major Regina Hargett)

Pages: 6

Distribution: F

This instruction supplements AFI 36-815, *Absence and Leave*, 5 September 2002, and implements and outlines Dover AFB procedures for requesting emergency annual leave, advance annual leave, restoration of annual leave, sick leave to care for a family member with a contagious disease, advance sick leave and leave without pay in excess of 30 days. The instruction identifies employees entitled to administrative leave and assigns the Civilian Personnel Officer and the Labor and Employee Management Relations Section as the approving official and office of primary responsibility for the Voluntary Leave Program.

SUMMARY OF REVISIONS

This document is substantially revised and must be completely reviewed.

Paragraph numbers were changed to correspond to the September 2002 version of AFI 36-815. Updated formats on [Attachment 5 \(Added\)](#) and [Attachment 6 \(Added\)](#).

2.4. When Annual Leave is Granted. The employee's immediate supervisor is authorized to approve annual leave in normal situations. When emergency annual leave is needed, the employee must contact his/her immediate supervisor as soon as possible, but not later than the end of the first two hours of the assigned work shift. The employee must request emergency annual leave and must state when he/she expects to return to work. When the supervisor approves the leave, the approval is final, unless it is later shown that the basis for the request was not correct. If additional time is requested, the employee must again contact the immediate supervisor for approval.

2.4.1. Requests for advance annual leave (before it is earned) must be in writing and approved/disapproved by the immediate supervisor. The supervisor will retain a copy for his/her files and the timekeeper will attach a copy to the employee's Time and Attendance Form for appropriate retention. A copy of the advance annual leave approval letter is forwarded to the Civilian Pay Liaison Office. If annual leave granted in advance is not recorded on the Time and Attendance Form, payment will not be made. (See [Attachment 5 \(Added\)](#) for sample format used to request advance leave.)

2.10. Restoration of Forfeited Annual Leave. An employee who is unable to take scheduled excess annual leave must request that leave be restored or the leave will be forfeited. The employee's request must be in writing to the immediate supervisor and explain why the leave was not taken. The supervisor must verify the request. After verification, the supervisor will endorse or disapprove the request. Forward endorsed requests with a copy of the Leave Request, OPM-71, projected annual leave forecast (or any appropriate supporting documentation showing leave was scheduled), and the number of hours to be restored to the Labor and Employee Management Relations Section (436 MSS/DPCE) immediately following the end of the leave year.

3.5.2. When a member of an employee's family has a contagious disease and he/she submits a request for sick leave, the employee's supervisor will verify the information in the employee's request and forward the request to 436 MSS/DPCE. Based on the documentation, the Civilian Personnel Officer determines if the disease and situation require the employee to have sick leave to attend and care for the family member.

3.11. Use of Advance Sick Leave. The employee must submit a separate written request for each period of advance sick leave to his/her immediate supervisor. The Civilian Personnel Officer is the final approving official for advance sick leave. Requests will contain the following: the amount of sick leave requested, the type of disability or ailment, and the length of time employed at Dover AFB; a statement that employee is aware that, should he/she separate before repaying this advance sick leave, monies owed will be deducted from employee's retirement contributions if no other unpaid compensation remains to employee's credit; a statement from the employee's attending physician must be attached, indicating the amount of time the employee is expected to be incapacitated and unable to perform the full range of assigned duties. (See [Attachment 6 \(Added\)](#) of this instruction for suggested format)

3.11.1. If approval is recommended, the first-level supervisor will make a statement regarding the manner in which accumulated sick leave has been used by the employee and whether or not he or she believes the advance sick leave will serve to expedite the employee's return to duty. This endorsement letter will also include the employee's sick leave balance as of the end of the pay period immediately preceding the employee's request. This information may be obtained from the Supervisor's Leave Listing, the employee's Leave and Earning Statement, or from the Civilian Pay Liaison (FMFPC). (See [Attachment 6 \(Added\)](#) for sample format and information that must be provided to request advance sick leave.) Submit the request for advance sick leave to 436 MSS/DPCE. After final approval/disapproval by the Civilian Personnel Officer, one copy of the approval letter will be forwarded to FMFPC and two copies will be forwarded to the supervisor (one for the employee; the other retained with AF Form 971, **Supervisor's Employee Brief**).

4.4. Who Approves LWOP. Supervisors may approve up to 30 days Leave Without Pay (LWOP). A request for LWOP of more than 30 days must be in writing and submitted to the employee's immediate supervisor for review and recommendation. (If the employee's request is for leave without pay to perform duty with the uniformed services (LWOP-US), follow the guidance in paragraph [4.5.](#) below). The Civilian Personnel Officer is the final approval authority for LWOP of more than 30 days. An employee's request will contain the reasons for requesting LWOP and amount requested. If due to illness, a physician's statement containing information as shown in AFI 36-815, paragraph [3.11.](#), is required. The first-level supervisor will review employee's request to determine if approval is justified based on the requirements contained in AFI 36-815, Chapter 4. If the requested LWOP is more than 30 days, the first-level supervisor will endorse the employee's request recommending approval/disapproval and forward the request to 436 MSS/DPCE. Requests for LWOP in excess of 30 days will be distributed in accordance with paragraph [3.11.1.](#)

4.5. **Leave Without Pay-Uniformed Services (LWOP-US).** A Request for Personnel Action (RPA) for LWOP-US will be submitted to the Civilian Personnel Flight for the Civilian Personnel Officer's approval. The RPA must contain the employee's mailing address, special order number and date, and the length of the active duty tour. A copy of the special order will be provided to 436 MSS/DPCE, Building 520, Room 120.

7.6.4. (Added) An Emergency services employee who is unable to get to work because of weather conditions may be granted annual leave or leave without pay the same as permitted when the base is open for normal operations. Administrative leave laws do not apply to Emergency services employees.

9.5. **Approving Official's Responsibilities.** The Approving Official at Dover AFB is the Civilian Personnel Officer. The Office of Primary Responsibility at Dover AFB is the Labor and Employee Management Relations Section (436 MSS/DPCE).

Attachment 5 (Added)**SAMPLE MEMO FOR REQUEST FOR ADVANCE ANNUAL LEAVE**

Date: _____

MEMORANDUM FOR (FIRST-LEVEL SUPERVISOR)

FROM: (EMPLOYEE)

SUBJECT: Request for Advance Annual Leave

1. Request I be granted _____ hours advance annual leave. I am requesting the advance annual leave because

2. If this leave is granted, it is with the understanding that I have no intention of resigning before the advance leave granted is earned back.

Signature of Employee

Typed/Printed Name
Position Title1st Ind, _____ (SUPERVISOR)

Date: _____

TO: FMFPC

Approved/Disapproved. I am aware of the employee's current annual leave status (any questions can be checked with the Civilian Pay Liaison at Ext. 4500) and I am not aware of any action which would preclude the employee from earning sufficient leave to cover the amount of advance annual leave granted.

Signature of Supervisor
Typed/Printed Name
Functional Title

Attachment 6 (Added)**SAMPLE MEMO FOR ADVANCE SICK LEAVE**

Date: _____

MEMORANDUM FOR (FIRST-LEVEL SUPERVISOR)

FROM: (EMPLOYEE)

SUBJECT: Request for Advance Sick Leave

1. Request I be granted _____ hours advance sick leave. I am requesting the advance sick leave because _____. My _____ records show that I will be carried in a pay status through _____ (date). The attached statement from my physician indicates that I will probably be able to return to my position on _____ (date). I have been employed at this installation since _____ (date).

2. I authorize any advance sick leave remaining against me, should I retire or resign, to be withheld from my retirement system or unpaid compensation.

3. Your consideration of this request is sincerely appreciated.

Signature of Employee

Typed/Printed Name

Position/Title

Attachment

Physician's Statement

1st Ind, _____ (Supervisor's Office Symbol)

Date: _____

TO: 436 MSS/DPCE

1. Mr/Ms _____ has an exemplary record insofar as use of sick leave is concerned. During his/her _____ (number of years with organization) of employment with this organization, he/she has used sick leave on infrequent occasions. His/her total accumulation once reached approximately ____ hours; however, it has been practically exhausted due to _____. I believe that this forthcoming treatment will rectify the problem and that _____ (employee) will soon be able to repay the requested advance sick leave.

2. I feel that _____'s (employee's name) request fully meets the intent of the portion of the Annual and Sick Leave Act relative to advance sick leave, and I recommend that it be approved. His/her leave balance as of _____ (date of last pay period immediately preceding date of request) is _____ hours of sick leave, _____ hours of annual leave, _____ hours of compensatory time/credit hours, as ascertained from the employee's leave and earnings statement.

Signature of Supervisor

Typed/Printed Name

Functional Title

JOHN I. PRAY JR., Colonel, USAF
Commander